

## Editorials and Association Notes

### The Manitoba Medical Review

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 sanctioned by the Manitoba Medical Association*

### Annual Meeting Canadian Medical Association Winnipeg, June 23-27, 1941

Only paid-up members of both the local provincial and the Canadian Medical Associations (total cost in Manitoba \$18.00 annually) will be eligible to attend the Annual Meeting of the Canadian Medical Association to be held at the Royal Alexandra Hotel in Winnipeg in June, 1941. This rule is being strictly enforced by the C.M.A.

Twenty-four local committees on programme and arrangements are hard at work.

The local advisory committee is comprised of:—

Dr. G. S. Fahrni, President-Elect of the Canadian Medical Association; Dr. A. W. S. Hay, Honorary Secretary; Dr. E. L. Ross, Dr. H. D. Kitchen, Dr. Digby Wheeler, Dr. J. S. McInnes, Dr. A. T. Mathers, Dr. O. C. Trainor, Dr. J. D. Adamson, Dr. A. F. Menzies, Dr. H. O. McDiarmid and Dr. R. E. Dicks.

The speakers will come from various parts of Canada and the United States. A certain percentage of the programme will be given by Manitoba doctors.

It is hoped that local pride as well as scientific curiosity will bring a large attendance from the profession in Manitoba.

### Health Survey of Rural Manitoba Youth

The Manitoba Department of Health and Public Welfare has recently issued a brochure giving the results of a health survey undertaken by Doctors Cecil Sheps, Elizabeth McKim, Maxwell Bowman and Marguerite Swan. 3,146 persons between 13 and 30 were examined throughout the province in Community Youth Centers, Home Making Schools and Agricultural Schools. In addition to a history and physical examination, Wassermann and tuberculin tests were done.

The most interesting results were as follows:

8% had had appendectomy and 29% tonsillectomy.

72% had vaccination marks and 49% had had diphtheria toxoid.

18% wore glasses. 29% without glasses had defective vision and

37% with glasses had defective vision. 2% had defective hearing.

27% had a positive tuberculin test. About half of the positive reactors have now been X-rayed and 15 cases whose plates were not clear are being kept under observation.

4 positive Wassermann tests were found in over 3,000 tests. It is suggested that persons who were aware that they had syphilis did not undergo the health examination.

Approximately 70% had one or more remediable defects or conditions about which they required advice. They were informed of the defects and advised to consult their physicians, dentists or oculists.

The cost of the survey was \$1.87 per capita, including all the X-rays. In addition to the statistical value of the survey the practical preventive medical aspect more than justifies the expense.

But possibly the most useful feature of the undertaking was the health education campaign which was carried on simultaneously. All the young people had first hand experience of the value of a medical examination, and most of them took lecture courses on health. For example, the girls at the Youth Training Schools took a twenty hour course from public health nurses on hygiene, pre and post natal care, preventable diseases of childhood, communicable disease, milk, water and sewage. A slightly modified course was given to boys at the Agricultural Schools. Additional lectures were sometimes given by the doctors conducting the survey.

The Department of Health and Public Welfare is to be congratulated on a splendid piece of work.

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## Some Highlights on the Work of the M.M.A. in 1940

*Exclusive of the Annual Convention*

The Divisional Advisory Committee of the Manitoba Medical Association has worked with the National Medical Co-operation Committee on medical matters pertaining to M.D. 10 and the Department of National Defence.

The Committee on Economics, after six months' toil, completed an agreement with the Firefighter's Club, whereby the men of the Winnipeg Fire Department and their families receive medical attention on an insurance basis at a moderate cost.

Through the Extra Mural Committee thirteen speakers attended district meetings throughout the province. The Association paid their travelling expenses.

The Cancer Committee report that the Cancer Relief and Research Institute of Manitoba is doing good work. An educational programme has been carried out in rural Manitoba and an intensive survey has been made in one municipality.

At present committees are studying the questions of a schedule of medical fees for Manitoba, and the position of the Municipal Health Officers.

## Faculty of Medicine Post-Graduate Course March 5th, 6th, 7th

The Faculty of Medicine of the University of Manitoba will offer a three-day post-graduate course on March 5th, 6th and 7th. This course will include Pathology, Public Health, Surgery and Medicine.

Dr. McCartney of the University of Minnesota will be the visiting speaker and will take part in several discussions on the programme, as well as delivering a paper to the Winnipeg Medical Society on Thursday evening, March 6th.

The Winnipeg Medical Society has invited Dr. Hendrick Dam, discoverer of Vitamin K, to deliver the Gordon Bell Memorial Lecture on the evening of March 5th in Theatre A, University, Broadway. Dr. Dam's home is in Copenhagen and he is at present travelling in the Northern States. As yet no definite acceptance has been received from him. Further notice regarding this lecture will appear in next month's *Review*.

The fee for this course is \$10.00 and the committee in charge would appreciate receiving advance notice from all those who intend to register. Address communications to Dr. L. G. Bell, Secretary of the Post-Graduate Committee, % The Dean's Office, Medical College, Winnipeg.

# Post-Graduate Course Programme

Winnipeg . . Wednesday, Thursday, Friday, March 5th, 6th, 7th, 1941

Fee for this Course is \$10.00

## WEDNESDAY, MARCH 5th

### SURGERY

#### Morning:

- 9.00-10.30 Outpatient Clinic.  
(8 ten-minute Clinics).  
Dr. O. S. Waugh — Prolapsed Inter-vertebral Disc.  
Dr. P. H. T. Thorlakson — Total Gastrectomy.  
Dr. M. R. MacCharles — Sarcoma of Thigh.  
Dr. Gordon Fahrni — To be announced.  
Dr. A. C. Abbott — To be announced.  
Dr. M. B. Perrin — Pneumonectomy.  
Dr. A. W. S. Hay — To be announced.  
Dr. W. A. McElmoyle — Angina Pectoris.

- 10.30-11.00 Round Table Discussion.  
Subject — Traumatic Wounds.  
Chairman — Dr. W. A. Gardner.

- 11.00-11.30 Forlong Memorial Institute.  
X-Ray Therapy.

#### Afternoon:

- 2.00- 3.00 Ward Rounds on the Fracture Service.  
Dr. Alexander Gibson.  
3.00- 4.00 Operative Clinics.  
Dr. O. S. Waugh.  
Dr. Alexander Gibson.  
Dr. M. R. MacCharles.  
Dr. Gordon Fahrni.  
Dr. C. W. Burns.

## THURSDAY, MARCH, 6th

### PATHOLOGY

Winnipeg General Hospital, W3 Balcony

The visiting speaker will be Dr. J. S. McCartney,  
Associate Professor of Pathology,  
University of Minnesota.

#### Morning:

- 9.00-10.00 Tumour Clinic, at which the Surgical Staff will present four or five patients with tumours. Biopsy would be obtained where feasible. Professor McCartney will lead the discussion.  
10.00-10.15 Demonstration and comments on removal of biopsy — Dr. M. R. MacCharles.

- 10.15-10.30 Lantern Slide demonstration of some biopsies received by the Cancer Institute with comments by Dr. J. M. Lederman.

- 10.30-10.45 Coffee.

*Pathology Lecture Room, Medical College*

- 10.50-11.20 Bronchogenic Carcinoma. Prominent Clinical and autopsy features of sixty-five cases. Capt. Alan A. Klass, R.C., A.M.C.

- 11.20-11.30 Discussion by Prof. J. S. McCartney.

- 11.30-11.40 Summary and comments on clinical features by Dr. J. D. Adamson.

- 11.40-12.15 Presentation on Ovarian Tumors by Professor J. S. McCartney.

*Winnipeg General Hospital*

- 12.30- 2.00 Clinical Luncheon, Winnipeg General Hospital.

#### Afternoon:

### PUBLIC HEALTH

- 2.00- The relationship of the General Practitioner to Public Health Matters.

Points of possible conflict with Public Health Departments by Dr. M. S. Loughheed.

School Medical Inspection of Children.

Minimum requirements. Stressing system and pre-school examination by Dr. C. R. Donovan.

New and Improved Methods of Immunization.

Best time to do each, and proper methods by Dr. M. Bowman.

The Place of the General Practitioner in the War Effort.

Examination and classification of N.P.A.M. recruits. Immunization of them. Freedom from communicable disease, and contact with it, by Major M. R. Elliott.

#### Evening:

- 8.30- 9.30 Pulmonary Embolism and Thrombosis by Professor J. S. McCartney.

Under the auspices of the Winnipeg Medical Society.

(Continued on Page 32)

**FRIDAY, MARCH 7th****MEDICINE***Winnipeg General Hospital, W3 Balcony**Morning:*

9.00-10.00 Peripheral Vascular Disease:

Dr. J. M. McEachern.

Prof. J. S. McCartney.

Dr. J. D. Adamson.

10.00-11.00 Clinical Pathological Conference. Fatal hemorrhage from Benign Gastric Ulcer in man aged 62.

Dr. H. D. Kitchen—Medicine.

Dr. P. H. T. Thorlakson—Surgery.

Prof. J. S. McCartney—Pathology.

Dr. J. D. Adamson—Summary.

11.00-12.00 Medical Cases from wards of Winnipeg General Hospital at that time.

12.15- 1.15 Luncheon at St. Boniface Hospital.

*Afternoon:**St. Boniface Hospital*

1.15- 2.00 Vitamins in General Practice—Dr. A. Hollenberg.

2.00- 2.30 Public Health Aspects of Venereal Disease by Dr. F. W. Jackson, Deputy Minister of Public Health and Welfare.

2.30-

Demonstration in Venereal Disease Clinic.

*Evening:*

Dinner to Manitoba Health Officers by Department of Health and Public Welfare.

Time and place to be announced at the meeting.

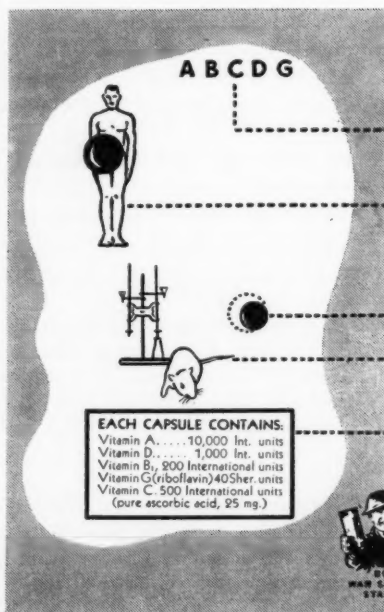
**American College of Surgeons to Hold  
Sectional Meeting in Minneapolis**

March 10th, 11th and 12th have been set as the dates for a Sectional Meeting of the American College of Surgeons in which the states of Minnesota, North and South Dakota, Iowa, Nebraska, Montana, Kansas and Wisconsin, and the province of Manitoba will participate. Headquarters will be at the Nicollet Hotel, in Minneapolis.

Distinguished surgeons from all parts of the country will address the scientific sessions and lead the conferences and panel discussions. Among them will be the president of the College, Dr. Evarts A. Graham. Further information may be obtained from Dr. J. A. Gunn, 203 Medical Arts Bldg., Winnipeg.

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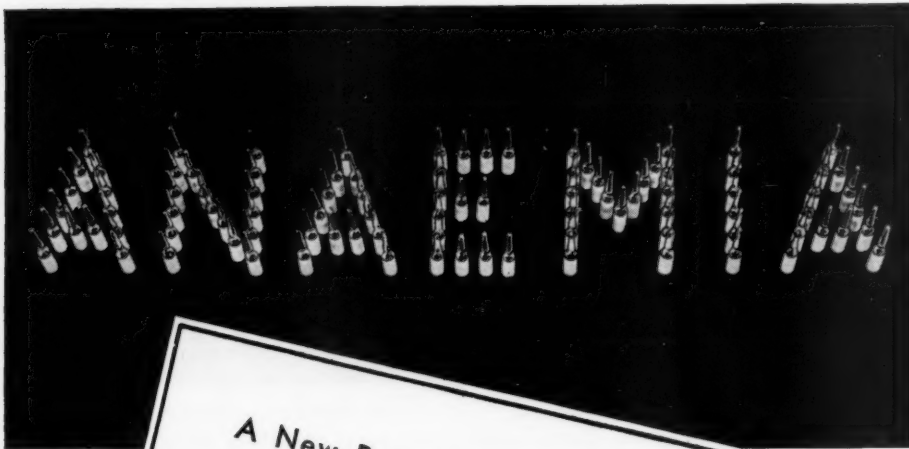
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## Department of Health and Public Welfare

### Health and The National Effort

Only a people physically fit can consider themselves prepared. Physical fitness means more than just the ability to attend to one's daily work. It means the ability to undergo the rigors of speed in industry, the stress of life under military conditions. During World War I, great numbers of recruits were found to be incapacitated for service because of easily correctable defects.

Part of the great campaign for preparedness involves the employment of additional men, particularly in ship yards and in the great industries which manufacture motors, munitions and supplies. Preparedness demands not only that the recruits for the army be kept physically fit, but particularly, that the industries which make possible a successful campaign be manned by men who will not fall by the wayside because of physical or mental breakdowns. In well-organized industries today, medical departments determine the physical state of workers and do everything possible to keep every man fit for work day after day. The worker who wishes to aid in the campaign for preparedness will, of course, co-operate in these efforts and will realize his obligation to the nation, to the industry and to himself.

As new plants are erected in what are now open fields, as great numbers of workmen create correspondingly new communities, and as the tempo of production is stepped up, there must be an attendant creation of an adequate and safe environment. Defence in its broadest sense means security, against foreign aggression, internal revolution, unemployment, need, hunger, and communicable disease. The whole defence program means more than airplanes and armament—it includes man power whose development has been so guided that they can meet and survive the pressures brought upon them whether in war or peace.

We all agree that man power, with all the term implies, is the most important single factor in the industrial world. Therefore, everything possible should be done to insure the highest possible efficiency of that personnel. Its health and well being determines in large measure its effectiveness on the job. The development of a well integrated, contented working group is as essential as the planning of the type of product to be made and the selection of materials to go into it.

Since men are so vital in the scheme of things, proper attention to their health is of primary importance. The physician trained in industrial medicine can be of great help in selecting and maintaining healthy personnel. We all know that a worker is not at his best on the job with even a slight ailment. A toothache, sore throat, upset stomach, any ache or pain, may so impair his productivity that he is more of a liability than an asset. Accidents often happen as a result of such slight ailments. Early attention to these seemingly inconsequential symptoms makes for safety, good health and better workers.

There are great opportunities for preventive medicine in industry.

#### Pre-Employment Examinations

Such an examination can be made a valuable instrument and a preventive, for not only the employer but the employee and community as well. Emphasis needs to be put on the benefit to the worker. This has been too often overlooked. Unfortunately there are a great many who still believe that a pre-employment physical examination is merely to reject a man for employment.

They do not stop to find out that it can be not only of the greatest benefit, but insurance for the future to both employer and employee. Advice should always be given so far as possible as to what course to follow to correct any defect found. The rejected individual can sometimes have a condition corrected and later be passed for employment.

Pre-employment examinations have many advantages for the prospective employee. They tell him and his employer where it is safest to work. In a pre-employment examination we can do an inestimable amount of good by detecting disease in its incipency, giving advice as to ways of correcting unfavorable conditions and avoiding others, thus making a friendship between the plant health service and the employee.

#### Periodic Examinations

Following this first physical examination there are many other occasions during employment when a worker should be examined. If possible, there should be periodic health examinations performed regularly. Irrespective of how often they are done, an occasional check-up to discover bodily conditions which are inimical to safety, good production, and good health, is a wise precaution. Such examinations help to prevent illness, and according to life insurance statistics, prolong life. They are especially worthwhile in the older age groups where so often a worker slows down and does poor work because of unsuspected changes in his physical condition. Perhaps the greatest good comes from periodic examinations, made on employees exposed to hazardous working conditions. Surely there is no better check of a dusty job than a regular physical examination to determine whether the individual is being harmed. Also such examinations prevent many unjustified claims as to injury. There is likewise some evidence to show that periodic examinations which uncover physical defects are the means of preventing accidents. So altogether they are a "safety-first" preventive measure.

#### Reduction of Sickness and Accidents

All of these endeavors to discover disease and abnormalities which lead to disease will inevitably and eventually reduce lost time due to sickness. This is an advantage to all—the employee, employer and the community. It is of public health value as well as of individual benefit. Industrial medical service is a necessary form of health enterprise, and will become in some respects quite as important to public health programs as anything they now do.

#### Accidents

We all know the records that have been attained in reducing accident rates—both as to frequency and severity. A great deal of time and money has been spent in doing this, but no one would say it has not been profitable. Despite the splendid records made in eliminating the number of accidents, there is still a great deal to be done in restoring those injured to useful and remunerative work, with a minimum of mental upset.

#### Sickness

In view of the fact that there is 10 to 15 times as much lost time from sickness as from accidents, shouldn't there be more well-organized attempts to prevent the amount of illness? Some of the most striking and best appreciated accomplishments of medical service in industry have been made in reducing the amount of illness amongst the employees.

### Practical Procedure for Avoiding Occupational Disease

With few exceptions, any actual case of occupational disease which develops at this time is an admission of failure to utilize the methods of prevention now available. The first item in this practical procedure for avoiding development of occupational disease is to know your materials. The second item is to obtain information on the toxic properties and possibilities of injury to health presented by these materials. The third item is that the necessary data be obtained on the extent of exposures to these potentially injurious materials as they actually exist in the plant. The actual control of excessive exposures is the fourth item in assuring prevention of occupational disease. Exposures can be reduced not only by changes in mechanical equipment and in process but that even a mere change in the procedure by which a job is carried on will measurably affect the man's exposure. Finally, it is desirable to check the effectiveness of control measures both after their installation and from time to time as conditions warrant. Check not only the conditions, but also the men themselves. Thus the exposure of men to lead can be evaluated by periodic analysis of the urine for lead and that to benzol by ratio of inorganic to total sulphate content of urine.

Economic production can be furthered by the utilization of the most economic and the most productive methods without taking an unnecessary toll in human health and life.

### Raising General Health Levels

It is a high health level that is to be sought as our immediate and as our long range goal. Anything short of this is an admission of partial failure. Today we have a more fundamental purpose in healthful conditions and good health practices: that of furthering economic production.

Advice and information relating to accident prevention in industry is obtainable through the Department of Labor, Province of Manitoba. Occupational disease and industrial health problems can be referred to the Department of Health and Public Welfare.

C. R. DONOVAN, M.D., D.P.H.,  
Director, Division of Disease Prevention.

### COMMUNICABLE DISEASE REPORT

November 5th to December 30th, 1940.

**Measles:** Total 1,013—Winnipeg 95, Daly 66, Brandon 65, Hanover 51, Louise 41, Sifton 40, Gilbert Plains Village 31, North Norfolk 30, Virden 27, Whitehead 27, Gilbert Plains Rural 27, Portage Rural 26, Pilot Mound 24, Pembina 23, Woodworth 22, St. Paul East 22, Ethelbert 20, Blanshard 19, Coldwell 19, Glenwood 17, Tuxedo 14, Saskatchewan 14, Albert 11, Westbourne 11, Roblin Rural 11, Kildonan East 11, Unorganized 11, Rosser 10, Neepawa 9, Dauphin Town 8, Riverside 7, Cameron 7, St. Boniface 7, Ste. Rose Rural 6, Wallace 5, Eriksdale 5, Tache 5, Albert 5, Brenda 4, Manitou Village 4, Elton 4, Souris 4, Fort Garry 3, McCreary 3, Portage City 3, Assiniboia 3, Hamiota Rural 3, Birtle Rural 2, Hartney 2, Lorne 2, Argyle 2, Morris Town 2, St. James 2, Flin Flon 1, Grev 1, Langford 1, South Norfolk 1, Rosedale 1, St. Vital 1, Strathclair 1, Victoria 1, Westbourne 1, Beausejour 1, Edward 1, Hamiota Village 1, Kildonan West 1, Lawrence 1, Napinka 1, Turtle Mountain 1 (Late Reported: Gilbert Plains Village 20, Whitehead 18, Gilbert Plains Rural 16, Hanover 15, Daly 8, Tuxedo 4, Ste. Rose Rural 4, Wallace 3, Brandon 3, Louise 3, Virden 2, Riverside 2, Ste. Rose Village 1, Birtle Town 1, Dauphin Rural 1, Portage City 1, Woodworth 1).

**Chickenpox:** Total 567—Winnipeg 270, Stonewall 27, St. James 23, Sifton 13, Transcona 12, Flin Flon 11, Portage City 10, Lawrence 8, Woodworth 7, Kildonan East 6, Rockwood 6, St. Boniface 5, Minnedosa 4, Morris Rural 3, Brandon 3, Dauphin Rural 3, Swan River 3, Edward 2, Rapid City 2, Argyle 1, Boissevain 1, Charleswood 1, Franklin 1, Kildonan North 1, La Broquerie 1, Portage Rural 1, St. Boniface 1, Selkirk 1, Woodlea 1, Brokenhead 1, Melita 1, Springfield 1, The Pas 1, Whitehead 1 (Late Reported: Flin Flon 15, St. Francois Xavier 12, Sifton 3, Cartier 1, Macdonald 1, Ellice 1, Gilbert Plains Rural 1).

**Mumps:** Total 218—Winnipeg 103, St. Boniface 97, Strathclair 3, Portage Rural 1, North Norfolk 1, La Broquerie 1, Brandon 1, Deloraine 1, Fort Garry 1, Kildonan North 1, Lac du Bonnet 1, St. James 1, Springfield 1, Transcona 1 (Late Reported: Minto 1, Deloraine 1, North Norfolk 1, Pembina 1).

**Whooping Cough:** Total 181—Winnipeg 77, St. Boniface 8, Montcalm 8, Kildonan West 7, Portage City 5, Pembina 5, Woodlands 5, St. Vital 4, Louise 4, Roblin Rural 3, Morris Rural 3, Brenda 3, Minnedosa 3, Daly 3, Kildonan East 3, Dauphin Town 2, Stonewall 2, Portage Rural 2, Lawrence 1, St. James 1, Unorganized 1, Brokenhead 1, Neepawa 1, Ste. Anne 1 (Late Reported: Pembina 9, Unorganized 6, Brenda 5, Minnedosa 2, Ste. Anne 1, Louise 1, St. James 1, Woodlands 1, Hanover 1, St. Francois Xavier 1).

**Influenza:** Total 156—Brandon 123, Portage City 10, Hamiota Village 7, Portage Rural 5, Carberry 3, Cypress South 1, St. James 1 (Late Reported: Brenda 1, Hamiota Rural 2, Ste. Rose Rural 1, Minto 1, Unorganized 1).

**German Measles:** Total 122—Brandon 41, Ste. Rose Rural 32, Arthur 19, Tuxedo 11, Ste. Rose Village 6, Lawrence 4, The Pas 2, McCreary 1, Napinka 1, Unorganized 1, Melita 1, Ochre River 1 (Late Reported: Unorganized 1, Tuxedo 1).

**Scarlet Fever:** Total 90—Winnipeg 37, Portage City 9, Whitemouth 8, Victoria 5, North Norfolk 5, Brandon 3, Ethelbert 3, Unorganized 3, Binscarth 3, Kildonan East 2, Shell River 2, Roblin Rural 2, Springfield 2, McCreary 1, Russell Rural 1, Swan River Town 1, Louise 1, St. James 1, Ste. Rose Village 1.

**Tuberculosis:** Total 73—Winnipeg 19, Unorganized 14, The Pas 8, Brandon 5, Dauphin Town 3, Cypress North 2, Eriksdale 2, Franklin 2, St. Boniface 2, Mossey River 2, St. James 2, Brokenhead 1, Brooklands 1, Daly 1, Dauphin Rural 1, Elton 1, Lakeview 1, Minitonas 1, Neepawa 1, Portage City 1, Portage Rural 1, Rhineland 1, St. Vital 1, Strathcona 1, Swan River Town 1, Tache 1, Morris Rural 1.

**Diphtheria:** Total 38—Winnipeg 28, St. Boniface 4, Unorganized 2, Tuxedo 1, Tache 1, Coldwell 1 (Late Reported: Unorganized 1).

**Pneumonia Lobar:** Total 31—Brandon 6, Ste. Rose Rural 4, Unorganized 3, Lawrence 1, Portage City 1, Riverside 1, Tuxedo 1, Whitehead 1, St. James 1, St. Laurent 1, Wallace 1 (Late Reported: Unorganized 2, Neepawa 2, Grey 1, Argyle 1, Minitonas 1, St. Anne 1, La Broquerie 1, Ste. Rose Rural 1).

**Erysipelas:** Total 9—Springfield 2, Winnipeg 2, St. Vital 1, Transcona 1, Brandon 1, Portage Rural 1 (Late Reported: Brooklands 1).

**Diphtheria Carriers:** Total 9—Winnipeg 9.

**Meningococcal Meningitis:** Total 6—Brandon 3, Winnipeg 2, Fort Garry 1.



**Typhoid Fever:** Total 3—Winnipeg 1 (Late Reported: Winnipeg 1, Riverside 1).

**Encephalitis:** Total 2—Cypress South 1 (Late Reported: St. Vital 1).

**Septic Sore Throat:** Total 2—Portage Rural 2.

**Anterior Poliomyelitis:** Total 2—(Late Reported: Fort Garry 1, Brandon 1).

**Ophthalmia Neonatorum:** Total 1—Brandon 1.

**Undulant Fever:** Total 1—Charleswood 1.

**Para-Typhoid Fever:** Total 1—Brandon 1.

**Treaty Indians:** Total 14—Influenza 6, Tuberculosis 3, Pneumonia Lobar 2, Anterior Poliomyelitis 1, Diphtheria 1, Whooping Cough 1.

**Venereal Disease:** Total 125—Gonorrhoea 78, Syphilis 47.

## DEATHS FROM COMMUNICABLE DISEASE

November, 1940.

**URBAN**—Cancer 42, Pneumonia Lobar 6, Pneumonia (other forms) 5, Tuberculosis 3, Whooping Cough 2, Diphtheria 1, Influenza 1, Poliomyelitis 1, Syphilis 1, Typhoid Fever 1, Cerebrospinal Meningitis 1, Tetanus 1, Dysentery 1, other deaths under one year 12, other deaths over one year 208, Stillbirths 15. Total 301.

**RURAL**—Cancer 24, Tuberculosis 15, Pneumonia Lobar 8, Pneumonia (other forms) 7, Whooping Cough 4, Influenza 3, Erysipelas 1, Lethargic Encephalitis 1, Measles 1, Scarlet Fever 1, Syphilis 1 other deaths under one year 16, other deaths over one year 172, Stillbirths 25. Total 280.

**INDIANS**—Tuberculosis 4, Pneumonia Lobar 1, Pneumonia (other forms) 1, other deaths under one year 6, other deaths over one year 9, Stillbirths 2. Total 23.

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## OF ALL THESE . . . BEST

"Many basic modifications of cow's milk, biologically designed originally to meet the requirements of a rapidly growing calf, have been made in an endeavor to bring its essential factors within the digestive and assimilative capacity of the more slowly developing human infant. Of all these, the process producing evaporated milk . . . seems to best meet most requirements in the majority of cases, and the process possesses the added advantage of being universally . . . available and relatively cheap."

—Round Table Discussion, Ninth Annual Meeting, American Academy of Pediatrics; J. Pediat., p. 130. Jan. 1940.

**M**ORE than a decade has passed since the classic studies of Brennemann and Marriott focused the attention of the medical profession upon the virtues of evaporated milk as a food for infants. It is significant that the intervening period of constant progress in scientific infant feeding has merely confirmed what these and other early investigators

pointed out. . . . Irradiated Carnation Milk is an evaporated milk of high quality, dependable uniformity, and universal availability. . . . Physicians are invited to write for "Simplified Infant Feeding," an authoritative discussion of the use of this milk in normal and difficult feeding cases. . . . "A Canadian Product." . . . Carnation Company Ltd., Toronto, Ont.

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## Personal Notes and Social News

Conducted by Gerda Fremming, M.D.

Dr. Walter Alexander is at present doing post-graduate work in the ear, nose and throat department of the New York Polyclinic hospital.

♥ ♥ ♥

Dr. and Mrs. Harold Morrison, of Dryden, Ont., were recent visitors to Winnipeg.

♥ ♥ ♥

Dr. Marguerite Swan has returned from a tour of New York and the Southern States where she was studying public health measures.

♥ ♥ ♥

Dr. H. M. Speechly, Coroner for Winnipeg, was re-elected chairman of the Winnipeg advisory traffic commission.

♥ ♥ ♥

Dr. Harold Brookler was married to Miss Gertrude Mandell on New Years Day, at Estevan, Sask.

♥ ♥ ♥

The University of Minnesota, at St. Paul, Minn., held a post-graduate week in Ophthalmology January 20th to the 25th. The following doctors from the Medical Arts building attended: Drs. K. J. Austmann, R. Black, W. E. Campbell, J. T. Cruise, G. W. Fletcher, F. D. McKenty, F. A. Macneil, E. J. Washington, C. M. Clare.

♥ ♥ ♥

Dr. J. A. MacDougall, '34, has been made surgical specialist for the British Army Medical Corps at Millbank, England, with the rank of Major.

♥ ♥ ♥

Dr. W. B. VanVliet, '23, who has been practicing in England for several years, has joined the R.C.A.M.C. and is stationed in England.

♥ ♥ ♥

Dr. B. P. Duncan, of Bissett, Man., has enlisted with the C.A.S.F.

♥ ♥ ♥

Dr. and Mrs. David Braunstein, of Rosburn, Man., are receiving congratulations on the birth of a son, born January 16th, at the Winnipeg General Hospital.

♥ ♥ ♥

Dr. F. R. Tucker, of Winnipeg, has joined the R.C.A.M.C. and at present is located at Port Arthur, Ont.

♥ ♥ ♥

Dr. and Mrs. I. M. Shankman, of Winnipeg, have announced the arrival of a son on January 19th, at the St. Boniface Hospital.

♥ ♥ ♥

Dr. W. M. Musgrove has been appointed to the 3rd Casualty Clearing Station, Port Arthur, Ont.

Drs. E. L. Ross, of Ninette, Man.; Geo. Clingan, of Virden, Man.; S. Bardal, of Shoal Lake, Man., and Herbert Meltzer, of Ninette, Man., attended a full meeting of the executive of the Manitoba Medical Association held in Winnipeg January 16th.

♥ ♥ ♥

Dr. J. C. Elais, of Winkler, Man., is attached to the R.C.A.F. in Montreal, Que.

♥ ♥ ♥

Dr. Edward I. Ostry, of Whitemouth, and Dr. R. P. Brown, of Gladstone, have been appointed coroners for their respective districts.

♥ ♥ ♥

Dr. Geo. Kenneard, M.A. (Man. '22), senior medical officer of the Colonial Medical Service in the Falkland Islands, was honored with a civil O.B.E. by His Majesty in the late New Year's honor list.

♥ ♥ ♥

Reasonable thought and observation are the chief roots of medicine; observation, however, is the thread by which the conclusions of the physician must be guided.—*Georgio Baglivi.*

# R MEMO

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## "Very Desirable Digestion Characteristics"

"Evaporated milk and acidified milk digest most readily of any of the milk types analyzed in this study. When the in-vitro data from these milks are plotted, a typical curve showing very high initial digestion in the peptic period is obtained. It appears that this type of curve is indicative of very small curd particle size and therefore of milk having very desirable digestion characteristics."—Doan, F. J., and Flora, C. C.: Comparative Digestibility of Soft Curd Milks in Vitro. The Pennsylvania State College, School of Agriculture and Experiment Station, Bulletin 380, April, 1939.

**S**TRIKING evidence showing the ready digestibility of evaporated milk is brought out in the important study quoted above, which once more emphasizes the value of this form of milk in the infant dietary. . . Physicians are invited to write for

"Simplified Infant Feeding," an authoritative discussion of the use of Irradiated Carnation Milk in normal and difficult feeding cases. . . . "A Canadian Product." . . . Carnation Company Ltd., Toronto, Canada.

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